

Center for Children's Advocacy

University of Connecticut School of Law
65 Elizabeth Street, Hartford, CT 06105

TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY ~~IN OPPOSITION TO BILL NO. 696 AN ACT EXPANDING THE JURISDICTION~~ OF THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.

February 21, 2007

This testimony is submitted on behalf of the Center for Children's Advocacy, a non-profit organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy. Through our Child Abuse Project and our Teen Legal Advocacy Clinic, the Center represents individual children and youth in child abuse and neglect proceedings.

The Center for Children's Advocacy does not support Raised Bill No. 696, *An Act Expanding the Jurisdiction of the Department of Mental Health and Addiction Services*. Through our representation of teenage youth in the care of the Department of Children and Families (DCF), we have witnessed several problems with the transition of DCF involved youth, age 18 through 21, to the care of the Department of Mental Health and Addiction Services (DMHAS). Currently, youth age 18 through 21 who remain eligible for DCF services but are transitioned to the DMHAS Young Adult Services program do not receive the same level of service as those young adults who remain with DCF.

For example, we represented one youth, Samantha (not her real name), who transitioned from DCF to DMHAS Young Adult Services at age 19 due to her serious mental health diagnoses, including Generalized Anxiety Disorder, Major Depressive Disorder, and Post Traumatic Stress Disorder. After this transition occurred, we began to notice that she was receiving substantially less financial support than our clients who did not have mental health diagnoses, and were therefore staying in the DCF Independent Living program. In Samantha's case, less financial support translated to living in a substandard apartment building where drug activity was rampant, not having enough food, and not having enough money for winter clothing, including a coat. By contrast, our youth who were living in the DCF Independent Living program had much tighter case management services through a contracted agency, more appropriate apartments, and a financial difference of approximately \$200 per month.

Raised bill 696 does not provide for how youths' care will be managed, how their services will be funded, or what agency will remain accountable for ensuring the youths' treatment plans are implemented in a timely and optimal manner. The bill does not provide any mechanism for ensuring that the services provided to these youth are clinically appropriate. It is unclear whether a youth who is under the care of DCF, but receiving clinical services from DMHAS, could challenge the adequacy of those services in their Juvenile Court proceedings. Currently, DCF is statutorily obligated to provide



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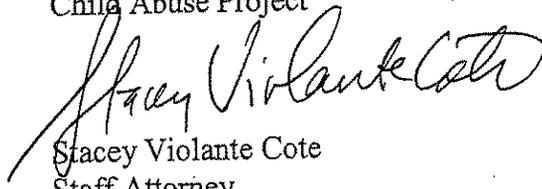
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services consistent with these youths' treatment plans. Delegating this duty to another agency without any statement regarding expertise, funding or accountability will at best diffuse the services these youth receive, and at worst violate their rights to appropriate treatment.

Respectfully Submitted,

Sarah Healy Eagan
Staff Attorney
Child Abuse Project

A handwritten signature in cursive script that reads "Stacey Violante Cote". The signature is written in black ink and is positioned to the left of the printed name.

Stacey Violante Cote
Staff Attorney
Teen Legal Advocacy